

City of Fitchburg
DEPARTMENT OF PUBLIC WORKS

GRAFFITI REPORT

Reported By: _____ Date: _____

Your Organization (if applicable): _____

Your Phone Number or E-mail Address(optional) _____

Graffiti Address: _____

Structure Type that has Graffiti (check):

<input type="checkbox"/> Residence	<input type="checkbox"/> Public Building	<input type="checkbox"/> Fence	<input type="checkbox"/> Sidewalk or Street
<input type="checkbox"/> Business	<input type="checkbox"/> Wall	<input type="checkbox"/> Bridge	<input type="checkbox"/> Control Box or Mail Box
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Monument	<input type="checkbox"/> Other (describe) _____	

Surface Type:

<input type="checkbox"/> Brick or Stone	<input type="checkbox"/> Vinyl Siding	<input type="checkbox"/> Concrete
<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Other (describe) _____

Describe Graffiti:

☐ Words/initials (describe) _____

☐ Art work

☐ Scribbles

If known, provide the following about the building or structure that has graffiti:

Owner of building or structure _____

Phone number _____

Thank you for your help!!! Please send this form to:

Department of Public Works
City Hall
718 Main Street
Fitchburg, MA 01420

Fax: 978-345-9573